

ATTORNEY DOCKET N°: 03-1705  
EXPRESS MAIL LABEL N°: EV 303 409 985 US

PATENT



**ORIGINAL PATENT APPLICATION TRANSMITTAL LETTER**

MAIL STOP PATENT APPLICATION  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

Transmitted herewith for filing is the patent application of:

**INVENTORS:**

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Citizen of United States

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20277 Kilbride Drive  
Saratoga, CA 95070  
Citizen of United States

**Title: Digital Programmable Delay Scheme with Automatic Calibration**

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**CERTIFICATION UNDER 37 C.F.R. §1.10**

I hereby certify that this Original Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date, September 25, 2003 in an envelope as "Express Mail Post Office to Addressee", Mailing Label N° EV 303 409 985 US, with sufficient postage, addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ReNea D. Berggren

DATED: September 25, 2003

**1. Type of Application**

This is an original application.

**2. Benefit of Prior U.S. Application(s) (35 U.S.C. § )**

USSN

Filing Date

Inventor(s)

Status

**3. Papers Enclosed That Are Required for Filing Date under 37 C.F.R. §1.53(b) (Regular) or 37 C.F.R. §1.153 (Design) Application**

Thirteen (13) Pages of Specification;  
Seven (7) Pages of Claims;  
One (1) Page of Abstract; and  
Seven (7) Sheets of Drawing Figures.

**4. Additional Papers Enclosed**

None.

**5. Declaration or Oath**

The signed Declaration and Power of Attorney is attached

**6. Inventorship Statement**

The inventorship for all the claims in this application are the same.

**7. Language**

English.

**8. Assignment**

The signed Assignment is attached. The Recordation Form Cover Sheet is enclosed.

**9. Certified Copy**

None are required.

**10. Fee Calculation (37 C.F.R. §1.16)**

BASIC FEE								\$750.00
EXCESS CLAIM FEE								
TOTAL OVER TWENTY	32	-20	=	12	X \$18.00			\$216.00
INDEPENDENT OVER THREE	4	-3	=	1	X \$84.00			\$84.00
MULTIPLE DEPENDENT				0	X \$280.00			\$0.00
ASSIGNMENT RECORDATION FEE					\$ 40.00			\$40.00
TOTAL FILING FEES								<u><u>\$1,090.00</u></u>

**11. Small Entity Statement(s)**

None required.

**12. Request for International - Type Search (37 C.F.R. §1.104(d))**

None required.

**13. Authorization to Charge Fees**

The Commissioner is hereby authorized to charge the filing fees of **\$1,090.00** to Deposit Account N° 12-2252. Please charge any underpayments related to this filing or credit any excess to Deposit Account N° 12-2252. A copy of this *Transmittal* is enclosed for accounting purposes only.

Please direct all correspondence and telephone calls to:

**CUSTOMER NO. 24319**  
PETER SCOTT  
LEGAL DEPARTMENT - IP  
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MILPITAS, CA 95035

DATED: September 25, 2003.

Respectfully submitted,  
Keven Hui et al.,  
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By Walter J. Malinowski  
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**This Transmittal Ends With This Page.**